Using Nursing Judgement to Reduce Postpartum Fall Rates in Patients Recovering from Epidural Analgesia

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Methods

• Setting and Sample:
  - Postpartum/women’s surgical specialty unit
  - Postpartum patients recovering from epidural analgesia

• Intervention:
  - Unit NPD collaborated with system hospitals to determine best practices already in place.
  - Thorough mobility safety refresher was developed by unit NPD and unit nurse falls champion and was presented at unit staff meetings. Content included:
    - Awareness of greater potential fall risk due to prolonged motor block from bupivacaine
    - Increased focus on Comprehensive Mobility Evaluation Tool (CMET) and transition away from Egress Test
    - Encouragement of non-powered sit-to-stand lift (see Figure 2) use when doubt existed of patient's ability to bear own weight
    - Implementation of guideline that two teammates be present for first two patient ambulation occurrences on the unit
    - Emphasis on fall risk care plan and education completion and documentation

Results

- Unit fall rate decreased after the intervention (see Figure 3).
- Falls that did occur during the intervention period were all assisted and without fall-related injury.

Conclusion

- The use of an educational refresher for RNs focused on mobility safety was effective in reducing falls in postpartum patients recovering from epidural analgesia.
- Multiple opportunities were created for collaboration with other care team members, including unlicensed assistive personnel (i.e., CNAs), labor and delivery RNs, and anesthesia providers.

Figure 1 Labor Epidural Placement
From: Epidural in the operating room [Illustration], by Liana Bedlevska, 2021, iStock [URL].

Figure 2 Non-Powered Sit-to-Stand Lift
From: Sara Slady [Photograph], by Apjohnleigh, 2020, Amazon [URL].

Figure 3 NDNQI Data

- Charge RNs created situational awareness via announcements at shift huddles about mobility safety reminders and patient fall updates.
- Methods of Evaluation:
  - Safety event reports reviewed in real-time for opportunities.
  - Fall rates analyzed using NDNQI data.

Implications for Practice

- The results suggest that a simple, no-cost intervention that does not require significant education or resource utilization but instead relies mainly on nursing judgement can be effective in reducing fall rates in postpartum patients recovering from epidural analgesia.
- While CMET provides a solid foundation for fall risk assessment, research and/or development of a tool specific to the obstetric patient population is recommended.

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